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ABSTRACT

This paper examines, in terms of family role expectations, problems and difficulties experienced by families with aging members. These difficulties are presented as a manifestation of dysfunctional societal attitudes and beliefs that make it inevitable that an aging family will experience conflict with regard to family roles. Dysfunctional beliefs identified include beliefs that: (1) older adults are necessarily dependent on other family members for their physical and emotional well-being; (2) older adults need tangible assistance more than social and emotional support; and (3) support for older adults is inherently discrepant with the well-being of other family members. Inappropriate or inherently conflictual role expectations which can undermine the supportive quality of late life family relationships and foster feelings of guilt and resentment for adult children as well as for their elderly parents are described. Some of the incorrect assumptions on which these dysfunctional beliefs are based are identified. A treatment model designed to assist family members in relieving the strain associated with such beliefs is introduced. The treatment model presented involves components of clarification of role expectations, promotion of personal autonomy, and enhancement of relationship quality. A case example is included which illustrates use of the model. (Author/NB)

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TREATING THE AGING FAMILY:

DEMYSTIFYING DYSFUNCTIONAL ROLE EXPECTATIONS *

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ABSTRACT

This article examines dysfunctional societal attitudes and beliefs regarding what family members should do for one another in later life. The article describes inappropriate or inherently conflictual role expectations which can undermine the supportive quality of late life family relationships and foster feelings of guilt and resentment for adult children as well as their elderly parents.

Some of the incorrect assumptions on which these dysfunctional beliefs are based are identified. A treatment model designed to assist family members to relieve the strain associated with such beliefs is introduced, and a case example illustrates its use.

TREATING THE AGING FAMILY:

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Introduction

The type of family problem with which this article is concerned can be illustrated by the following familiar situation:

> Marge Wilson feels overwhelmed with the demands of helping her 72 year-old mother. Ever since Marge's father died one year ago, she has tried to help her mother all she can and do everything a good daughter should do. Even though Marge works full-time, has a husband and two children at home, and is active in the local PTA, she still tries to find time to do her mother's shopping, do her laundry, pay her bills, take her to the doctor, and do many of the other things that her father used to do.
>
> Recently, the situation has become more problematic. The mother's arthritis has been flaring up (as it does every year at about this time), and so Marge has needed to help her mother every day after work as well as on weekends. As a result, Marge has had very little time for herself. In addition, her husband and children have been complaining that she is spending so much time with her mother that she is neglecting them. To make matters worse, the mother doesn't seem to appreciate the sacrifices that Marge is making, and keeps asking Marge to spend even more time with her. Marge ends up feeling guilty for not doing enough for her mother and her family, yet resentful that so much is expected of her.

There are many possible ways to understand this situation. Depending upon one's theoretical perspective, one might say that the basic problem is that Marge's unresolved childhood dependency conflicts prevent her from giving freely to her mother without feeling resentful and guilty, or that her mother is too demanding, or that her husband and children are not supportive enough, or that Marge should just take care of her own needs and not worry so much about other family members.

In the present article, this type of problematic situation will be discussed in terms of family role expectations. Rather than seeing problems as an indication of pathological behavior on the part of one or more family members, difficulties experienced by families with aging members will be understood as a manifestation of dysfunctional societal attitudes and beliefs that make it virtually inevitable that an aging family will experience conflict with regard to family roles. Three such dysfuctional beliefs are: 1) that older adults are necessarily dependent on other family members for their physical and emotional well-being; 2) that older adults need tangible assistance more than social and emotional support; 3) that support for older adults is inherently discrepant with the well-being of other family members.

The remainder of this article will examine some of the incorrect assumptions on which these dysfunctional attitudes and beliefs are based, propose a treatment model designed to assist family members to relieve the strain associated with those beliefs, and illustrate the use of that treatment model with Marge Wilson and her family.

Dysfunctional Myths and Beliefs

1. Older adults are necessarily dependent on other family members for their well-being. According to this belief, older people need, want and deserve help from other family members, simply because they have reached a certain age. A corollary is that older adults who do not receive help from their families will suffer, and that younger family members who do not help their elderly relatives are neglectful.

This perspective tends to view older people as relatively passive and dependent, and having a primary role in the family as "care recipient." Younger family members are then seen primarily as "care providers". This bias is also reflected in much of the research on the aging family in the past thirty years, which has often been concerned directly or indirectly with demonstrating the extent to which families assist their elderly members. As a result, data regarding intergenerational contact are often automatically interpreted as evidence that the elderly person is receiving assistance, and data regarding intergenerational living arrangements are often interpreted as evidence that the elderly person is receiving caregiving.

Contrary to this perspective, studies have consistently shown that 80% of older persons are able to function independently and do not need assistance (Brotman, 1980). In fact, there is ample evidence that most older adults provide a great deal of support for other family members (Sussman, 1965). In fact, whereas approximately 60% of older Americans report receiving help from their children, more than 50% report giving help (Shanas et al., 1968). This is not to say that many older adults do not need and want assistance from their kin. However, even when some help is appropriate, the tendency to see the older person primarily as a "care recipient" rather than a parent or grandparent is inappropriate and potentially pathological.

The persistence of the myth that being old means being dependent is largely a result of societal attitudes that value independence and consider dependence to be the only alternative to self-sufficiency. For an older person, the need for even small amounts of assistance may be seen as a sign that she or he can no longer function autonomously, and the elder may come to doubt her or his own competence and adequacy. To the extent that others respond by providing more help than is really needed, the elder may relinquish significant amounts of personal choice and control, leading to increased dependency on family members and others. In this way, assistance, rather than fostering higher functioning, can lead to unnecessary physical and psychological dependency, and contribute to a decrease in functional ability, self-efficacy, and morale (Kuypers & Bengtson, 1973; Seligman, 1981).

In some families, increased dependency of an elderly member can lead to "role reversal," as younger family members attempt to fill the parental role which the elderly member is no longer considered capable of performing. Such "role reversal" may be associated with the belief that parent-child relationships require one person to be a seemingly omnipotent source of support and protection for the other. By adopting the parental role, an adult child at least guarantees that someone will be "on top", while reinforcing the image that it is only the elderly parent who has feelings of weakness and dependency. In the language of Karpman's "drama triangle" (Karpman, 1968), the elderly parent becomes the "victim", the adult child becomes the "rescuer", and (in the case of Marge Wilson) the son-in-law becomes the "persecutor" who appears to be the "cause" of the problem.

2. <u>Tangible assistance is more important than social and emotional support</u>. According to this belief, older adults need concrete services such

as shopping, laundry, house cleaning, and transportation more than they need such intangible services as reassurance, social interaction, and consensual validation. A corollary is that family members, given limited time and energy, should give priority to tangible assistance rather than emotional support.

This belief stems from societal assumptions that objective reality is more "real" than subjective reality. Physical well-being, which is objectively verifiable, is apt to be considered more valuable than emotional well-being, which is not. Research, based in this positivist tradition, has given considerable attention to the amount and types of assistance that families provide for their elderly members, but has largely ignored the emotional climate in which that assistance is given. When affective dimensions of late-life family relationships have been investigated, they most often have concerned reactions to the caregiving situation (e.g., guilt, resentment, burden), rather than social support and interpersonal emotional attachment.

Those studies which have examined social support as well as tangible assistance have most often found that the quality of a relationship is more important than the amount of contact and assistance in predicting the psychological well-being of an elderly person (Duff & Hong, 1982; Medley, 1976). Satisfaction with family relationships has been shown to have a greater impact on overall life satisfaction than does income, satisfaction with standard of living, or satisfaction with health (Medley, 1976).

The tangible assistance that families provide is often available from a variety of formal and informal sources. What is often not available elsewhere is affection, concern, understanding, a meaningful role, and a link with one's own unique past and future. It is no wonder that what older adults want most from their adult children is emotional support, rather than

economic help, shared households, personal care and instrumental services (Brody, 1985).

Many family members, like Marge Wilson, behave as if the exact opposite was true. Given limited time and energy, they provide a maximum amount of tangible assistance, even at the expense of more qualitative aspects of the relationship. Employed women, for example, generally provide as much support for their elderly parents as do non-working women, but do so by sacrificing time for themselves and by adhering to a rigid schedule that may have negative consequences for the quality, even if not the quantity, of the support they provide (Horowitz, et al., 1983; Scharlach, 1985b).

3. Support for older adults is discrepant with the well-being of other family members. According to this belief, the needs and desires of an elderly family member are inevitably in competition with the needs and desires of younger members. Either the older person must suffer, or else other family members must make sacrifices, or both. As a result, family relationships in later life are apt to be considered inherently problematic.

This belief stems from an exchange theory perspective that sees all interpersonal transactions in terms of costs and benefits. When one's costs exceed one's benefits, or when one person appears to benefit more than the other, the relationship is imbalanced and dissatisfaction is apt to occur (Gouldner, 1960; Thibaut & Kelley, 1959). Thus, to the extent that younger family members are required to make personal sacrifices for the sake of older members, distress is likely.

This perspective makes the mistaken assumption that intergenerational contact within families is inherently one-sided, with older family members unable to reciprocate for whatever benefits they receive from younger kin. In so doing, it devalues or ignores the benefits that adult children and

other family members can receive from contacts with their elderly relatives. These benefits include financial assistance, child care, and help with household chores (Sussman, 1965). Even elderly family members who are physically impaired can serve as a source of wisdom and knowledge for younger members, a repository of family history, and a model for coping with difficult life experiences.

Recent studies have indicated that feelings of closeness and mutual support are important for adult daughters as well as their elderly mothers. What mothers and daughters both want most from their relationship is a sense of closeness and mutual emotional support (Scharlach, 1985a). And, when a daughter is more happy with the relationship, her mother is apt to be more happy (Bengtson, 1984; Scharlach, 1985b) and have better psychological well-being (Baruch & Barnett, 1983; Scharlach, 1985b; Weishaus, 1979).

Thus, there is apparently an interdependent relationship between the well-being of an older adult and that of other family members. Family members who feel close to and enjoy their elderly relatives are more likely to interact with them in a manner which is mutually satisfying and beneficial. Family members who are dissatisfied, because of role strain or interpersonal conflicts, are less likely to provide support in a manner which is optimal for their elderly kin.

Treatment Model

As has been indicated, certain family conflicts regarding responsibility for elderly family members reflect societal beliefs which are based on dysfunctional or inaccurate assumptions. The family treatment model described here is directed toward the clarification and modification of these beliefs and the interpersonal behaviors through which they are manifested.

An assumption of this cognitive-behavioral model is that behavior

change is not sufficient unless accompanied by a change in the attitudes that underlie that behavior. Moreover, novel behavior and attitudes will not be maintained unless they are consistent with the family's underlying belief system, help the family to achieve desired outcomes (e.g., family solidarity), and help the family to avoid deleterious results (e.g., neglect of a needy family member).

A further assumption is that family treatment should be directed at preserving traditional family roles to the extent possible, promoting interpersonal affection and emotional support, preserving maximum personal autonomy, helping family members to provide assistance which does not interfere with existing interpersonal relationships, and arranging for other needed assistance from available community resources. As Brody notes, these are "perhaps...the only appropriate norms for filial behavior" (Brody, 1985).

This family treatment model involves the following components:

1. Clarification of role expectations. All involved family members are assisted to clarify what they want and expect in their relationships with one another. They are advised that recent demographic and social changes (e.g., longer lifespans, increased female employment, changing sex roles, improved social and economic support programs) have created a situation that makes some traditional role assumptions obsolete. Family members are encouraged to see themselves as "pioneers", with the ability to alter role expectations in a manner which is appropriate to their new situation.

This affords family members with an opportunity to openly negotiate regarding what they want from one another. They are assisted to state their desires in terms of personal preferences, rather in terms of what a "good child" or "good parent" should do. Family members are advised that contact

based on feelings of obligation is often less satisfying for everyone than is contact that is freely chosen. To the extent that family members are willing and able to release one another from bonds of unrealistic expectations, feelings of guilt and resentment are alleviated. Moreover, more direct sharing of personal preferences obviates the need for "mind-reading" and facilitates shared decision-making.

2. Promotion of personal autonomy. As family members share with one another their needs and desires, they are often surprised to find that elderly members actually want less assistance than their adult children wish to provide (Brody, 1981). Many elderly parents, given the option, would prefer to be independent and not be a burden on their children, rather than receive assistance that they are able to do without. This is interpreted in terms of the importance of personal autonomy and having maximum possible control over one's own life.

Family members can be assisted to see that they can often best support their elderly kin by helping them to be as independent as possible, not just by providing assistance. And, the elderly person can be given the "job" of making sure that younger family members don't do so much to help that they interfere with their other responsibilities and needs.

Even when an elderly family member needs more help than other members are able or willing to provide, personal autonomy can be preserved by helping the family to see the situation as a family problem, requiring a cooperative search for appropriate solutions. Such solutions may include increased involvement of friends, neighbors and formal service providers. Family members often feel considerably less guilty when they learn that 1) there are many community resources available to help an elderly person, and 2) support from friends and neighbors can be as beneficial as support from kin (Hess & Waring, 1978). Moreover, the older person is encouraged to make

the final decision, within the parameters set by the family. In this way, s/he is empowered to assume increase responsibility for her/his own well-being, and is helped to retain a leadership role in the family.

3. Enhancement of relationship quality. Family members are informed of the importance of the quality, rather than the quantity, of their contacts with one another. They are encouraged to identify specific aspects of their interactions which are particularly satisfying for them, such as doing traditional family activities together, talking about past events, or sharing personal thoughts and feelings. Emphasis is placed on interacting in a manner and to the extent that all participants find rewarding, rather than because of feelings of obligation or duty that prescribe that one family member's needs should be met at another's expense. As a result, the supportive quality of family relationships is promoted.

To the extent that younger family members find satisfaction in their interactions with their elderly kin, they are apt to see those interactions as being more equitable. As a result, they are less likely to feel resentful and burdened, and more likely to want additional contact. In addition, older family members are apt to feel more important and valued as they become aware that their children and grandchildren enjoy being with them and that they have something significant to offer the rest of the family.

Increased emphasis on the mutually enjoyable, emotionally satisfying aspects of family relationships relieves the emphasis on caregiver/care-recipient roles and utilizes some of the physical and emotional energy that had previously gone into worrying and caregiving. In addition, it assists family members to more directly address feelings of sadness and loss that often underlie difficulties in families with elderly members.

Case Example

The case of Marge Wilson, summarized in the introduction, provides an example of the manner in which this treatment model can be utilized. As mentioned, Marge Wilson came for help because she was feeling overwhelmed as a result of conflicting responsibilities to her widowed mother, her husband and children, and her job. In four sessions of conjoint family treatment, Marge Wilson, her husband and her mother were able to modify their expectations of one another and improve the supportive quality of their interactions.

The first major step in the treatment process was to ask and assist each participant to clarify for themselves and one another their personal needs and desires. The therapist's attention turned initially to the elderly mother. As she was helped to describe her thoughts and feelings, she said that what was most important for her was to feel like a family, and that a family did not neglect or abandon its members in their old age. Mr. Wilson said that he simply wanted to preserve his previous good relationship with his wife, and have her home with him and the children more of the time. Marge wanted to feel that she was meeting her mother's needs, but also wanted to feel less overwhelmed.

As treatment progressed, the family members were asked to indicate what they were most afraid might happen if everybody did what they wanted to do. The mother said that she was afraid that her daughter didn't really want to be with her and wouldn't help her at all if the mother didn't ask. Mr. Wilson was afraid that Marge wasn't as committed to the marriage as she used to be, and didn't really want to spend time with him. Marge was concerned that if she didn't do something, both her mother's well-being and her marriage would deteriorate even further.

At they discussed these issues, they were encouraged to consider possible ways to meet their needs and those of the other family members. One theme that emerged was the mother's concern about the welfare of her daughter. She indicated that she had not realized that Marge was having such marital problems, and indicated that she didn't want to make matters worse. She told Marge that her marriage was most important, and that a mother's needs should not interfere.

After some discussion, Marge began to realize that the pressure she felt to spend time with her mother was not simply a result of her mother's demands, but also came from her own expectations and desires. She indicated that she was worried about her mother's health, and also that she enjoys spending time with her mother and likes the new-found closeness they have had since her father's death. The mother indicated that she also liked their time together, especially when Marge wasn't under so much pressure and looking so tired. Marge and her mother were then encouraged to talk about their feelings for one another, and identify the aspects of their relationship they enjoyed the most.

As Marge and her mother began to interact more positively, Mr. Wilson evidenced concern that his wife would be so busy with her mother that she would have no time left for him and the children. In an attempt to deal with this, the family was asked to consider if there was some way for Marge and her mother to have the close relationship they seemed to want without that interfering with the quality of Marge's marriage. This led to a retreat into their familiar defensive posture, as Marge and her husband began to argue about the other's behavior. They were interrupted by the elderly mother, who insisted that she would rather not see Marge at all than have their contacts be a problem for Marge and her husband. At this point, the therapist stopped the family's interaction to point out a common theme. They all

seemed to want to have good quality relationships with one another, but not at the expense of anyone else. They were encouraged to try to think of creative ways for this to occur, given their situation.

The following session, the elderly mother announced that perhaps she didn't need quite as much help as she had thought -- that she would rather get less assistance if it meant that Marge would feel less pressured and have fewer difficulties with her husband. She especially wanted to be able to preserve the good relationship that she and Marge had, and to be able to enjoy special times together. When she said that she would be willing to try to find someone else to help her, Marge became indignant, saying "why should you have to look outside the family for help when we're right here."

The therapist asked Marge and her family to think about their expectations regarding responsibilities for an elderly parent. They were asked to consider the possibility that some traditional notions about family responsibilities may need to be reconsidered, in the light of relatively recent social and demographic changes such as the increased number of women who work outside the home, the availability of public support for older adults, and the increased life expectancy of the elderly. In addition, family members were encouraged to examine whether and to what extent outside help meant that the family was neglecting its responsibility to its members.

Considerable discussion ensued regarding how to meet everyone's needs and still "feel like we're a family." The family members began to realize that "feeling like a family" might be more dependent upon the emotional satisfaction they experienced in their interactions with one another than the amount of assistance that was given and received. They subsequently agreed that it would be better for everyone if Marge limited the amount of assistance she provided for her mother without sacrificing time to share

personal thoughts and feelings. Her mother agreed to take responsibility for reminding Marge not to do too much, and Marge's husband agreed to make sure that Marge spent enough quality time with her mother.

Mr. Wilson was more than happy with this arrangement, now that he understood that his wife was concerned about his needs and would not spend unlimited time with her mother. In fact, under some pressure from his wife, he agreed to accompany his wife once a week on her visit to see her mother; he and the children would do some of the housecleaning so that his wife and mother-in-law would have more time to visit with one another. In this way, helping the elderly family member would become more of a family activity, rather than just Marge's responsibility.

The family was also asked to discuss how they would respond to those needs of Marge's mother which might not be met through this plan. The elderly woman was encouraged to identify for herself and her family what some of those needs might be, and how she would like to have them met. She decided that she might have to start doing more for herself, rather than looking to her daughter and son-in-law to take her deceased husband's place. In addition, the family was given information regarding available community resources and how to utilize them.

Summary

This case vignette provides an example of how the treatment model described earlier can be used to assist families with elderly members to identify and examine potentially dysfunctional assumptions regarding what older adults and their adult children should do for one another. This treatment model can help to promote a more realistic appraisal of the current family situation, while encouraging family members to work together to develop new ways of interacting that facilitate personal autonomy as well as interpersonal social and emotional support.

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